



# House of Representatives

General Assembly

**File No. 538**

January Session, 2011

Substitute House Bill No. 6549

*House of Representatives, April 14, 2011*

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF  
PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) Except as provided in  
2 subsection (f) of this section, any person or entity, acting on behalf of a  
3 health care profession that seeks to advance legislation that would  
4 result in a statutory change to such profession's scope of practice or the  
5 enactment of new statutory provisions setting forth the scope of  
6 practice, shall submit a written scope of practice request to the  
7 Department of Public Health not later than August fifteenth of the year  
8 preceding the commencement of the next regular session of the  
9 General Assembly.

10 (b) Any written scope of practice request submitted to the  
11 Department of Public Health shall include the following information:

12 (1) A plain language description of the request;

13       (2) Public health and safety benefits that the requestor believes will  
14 be achieved should the request be implemented and, if applicable, a  
15 description of any harms to public health and safety should the request  
16 not be implemented;

17       (3) The impact that the request will have on public access to health  
18 care;

19       (4) A summary of state or federal laws that govern the health care  
20 profession making the request;

21       (5) The state's current regulatory oversight of the health care  
22 profession making the request;

23       (6) All current education and training requirements applicable to  
24 the health care profession making the request;

25       (7) All scope of practice changes either requested or enacted  
26 concerning the health care profession in the five-year period preceding  
27 the date of the request;

28       (8) The number and types of substantiated professional disciplinary  
29 actions brought against the health care profession in the five-year  
30 period preceding the date of the request;

31       (9) The anticipated economic impact to the health care professions  
32 affected by the request and the economic impact to the general public;

33       (10) Regional and national trends concerning licensure of the health  
34 care profession making the request and a summary of relevant scope  
35 of practice provisions enacted in other states; and

36       (11) Identification of any health care professions that can reasonably  
37 be anticipated to oppose the request, the possible nature of opposition  
38 to the request and efforts made by the requestor to secure support for  
39 the request from other health care professions, including identification  
40 of areas of agreement between any affected health care professions.

41       (c) In any year in which a request is received pursuant to this

42 section, not later than September fifteenth of the year preceding the  
43 commencement of the next regular session of the General Assembly,  
44 the Department of Public Health shall: (1) Provide written notification  
45 to the joint standing committee of the General Assembly having  
46 cognizance of matters relating to public health of any health care  
47 profession that has submitted a scope of practice request to the  
48 department pursuant to this section; and (2) post any such request on  
49 the department's web site and such posting shall include the name and  
50 address of the requestor.

51 (d) Any person or entity, acting on behalf of a health care profession  
52 that opposes a scope of practice request submitted pursuant to this  
53 section may submit to the department a written statement in  
54 opposition to the scope of practice request not later than October first  
55 of the year preceding the next regular session of the General Assembly.  
56 Any such person or entity opposing a scope of practice request shall  
57 indicate the reasons for opposing the request taking into consideration  
58 the criteria set forth in subsection (b) of this section and shall provide a  
59 copy of the written statement in opposition to the scope of practice  
60 request to the requestor. Not later than October fifteenth of such year,  
61 the requestor shall submit a written response to the department and  
62 any person or entity that has provided a written statement of  
63 opposition to the scope of practice request. The requestor's written  
64 response shall include a description of areas of agreement and  
65 disagreement between the respective health care professions.

66 (e) Except as provided in subsection (f) of this section, any health  
67 care profession that fails to comply with the provisions of this section  
68 in making a scope of practice request shall be prohibited from seeking  
69 legislative action on the scope of practice request until such time as the  
70 health care profession is in full compliance with the provisions of this  
71 section.

72 (f) Notwithstanding the provisions of this section, the chairpersons  
73 of the joint standing committee of the General Assembly having  
74 cognizance of matters relating to public health may consider and act

75 upon a legislative proposal involving a health care profession's scope  
76 of practice, without recourse to the processes described in this section,  
77 when such chairpersons determine: (1) Exigent circumstances  
78 necessitate an immediate legislative response to the scope of practice  
79 request, (2) there is no dispute among health care professions  
80 concerning the scope of practice request, or (3) any outstanding issues  
81 concerning the scope of practice request can be resolved through the  
82 legislative process.

83       Sec. 2. (NEW) (*Effective July 1, 2011*) (a) On or before November first  
84 of the year preceding the commencement of the next regular session of  
85 the General Assembly, the Commissioner of Public Health shall  
86 establish and appoint members to a scope of practice review  
87 committee for each timely scope of practice request submitted to the  
88 department pursuant to section 1 of this act. Committees established  
89 pursuant to this section shall consist of the following members: (1) One  
90 member representing the health care profession making the scope of  
91 practice request, provided if a state professional board or commission  
92 exists under subsection (b) of section 19a-14 of the general statutes for  
93 the health care profession making the request, the member shall be  
94 selected from such board or commission. If no such board or  
95 commission exists, the commissioner, when selecting a committee  
96 member, may consult with any professional association representing  
97 the health care profession making the request; (2) in the event that one  
98 or more persons or entities, acting on behalf of health care professions,  
99 have submitted a written statement pursuant to subsection (d) of  
100 section 1 of this act opposing the scope of practice request, the  
101 commissioner shall appoint not more than three members to represent  
102 such health care professions, provided (A) if a state professional board  
103 or commission exists under subsection (b) of section 19a-14 of the  
104 general statutes for any of the professions opposing the request, the  
105 members shall be selected from such board or commission; (B) if no  
106 such board or commission exists, the commissioner, when selecting a  
107 committee member, may consult with any professional association  
108 representing a health care profession opposing the request; and (C) no  
109 health care profession opposing a scope of practice request may have

110 more than one person appointed to represent such profession on the  
111 committee; (3) two health care professionals licensed in this state who  
112 have no personal or professional interest in the scope of practice  
113 request; (4) a member of the general public who has no personal or  
114 professional interest in the scope of practice request; and (5) the  
115 Commissioner of Public Health or the commissioner's designee, who  
116 shall serve as an ex-officio, nonvoting member of the committee. Prior  
117 to appointing any member of the committee pursuant to subdivision  
118 (3) or (4) of this subsection, the Commissioner of Public Health shall  
119 consult with the proponent of the scope of practice request and the  
120 opponent or opponents of such request. The committee shall select its  
121 chairperson from among the members appointed pursuant to  
122 subdivision (3) or (4) of this subsection. Any person appointed to serve  
123 on a committee pursuant to subdivision (3) or (4) of this subsection  
124 shall only serve on one committee during any three-year period. Any  
125 physician appointed to the committee pursuant to this subsection shall  
126 be licensed in accordance with the provisions of chapter 370 of the  
127 general statutes and in active practice. Members of such committee  
128 shall serve without compensation.

129 (b) Any committee established pursuant to this section shall review  
130 and evaluate the scope of practice request, subsequent written  
131 responses to the request and any other information the committee  
132 deems relevant to the scope of practice request. The committee, when  
133 carrying out the duties prescribed in this section, may seek input on  
134 the scope of practice request from the Department of Public Health  
135 and such other entities as the committee determines necessary in order  
136 to complete its written assessment and recommendations as described  
137 in subsection (c) of this section.

138 (c) The committee, upon concluding its review and evaluation of the  
139 scope of practice request, shall provide a written assessment of the  
140 scope of practice request and, if applicable, suggested legislative  
141 recommendations concerning the request to the joint standing  
142 committee of the General Assembly having cognizance of matters  
143 relating to public health. The committee shall provide the written

144 assessment and any legislative recommendations to said joint standing  
145 committee not later than the February first following the date of the  
146 committee's establishment. The committee shall terminate on the date  
147 that it submits its written assessment and any legislative  
148 recommendations to said joint standing committee.

149 Sec. 3. (NEW) (*Effective July 1, 2011*) On or before September 1, 2014,  
150 the Commissioner of Public Health shall evaluate the processes  
151 implemented pursuant to sections 1 and 2 of this act and thereafter  
152 report to the joint standing committee of the General Assembly having  
153 cognizance of matters relating to public health, in accordance with the  
154 provisions of section 11-4a of the general statutes, on the effectiveness  
155 of such processes in addressing scope of practice requests.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>July 1, 2011</i>	New section
Sec. 3	<i>July 1, 2011</i>	New section

**PH**            *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

### **OFA Fiscal Note**

#### **State Impact:**

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Cost	56,000 - 88,000	56,000 - 88,000

Note: GF=General Fund

#### **Municipal Impact:** None

#### **Explanation**

The bill, which establishes a health care profession scope of practice (SOP) review process, results in an annual consultant cost to the Department of Public Health (DPH) of \$56,000 to \$88,000. This projection is based on the expectation that there would be 7 to 11 such reviews each year, incurring a consultant cost of \$8,000 per review<sup>1</sup>. From 2005 to 2009, there were an average of 9 bills filed or introduced by the Public Health Committee creating or modifying health professions' SOP.

#### **The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: *Legislative Program Review and Investigations Committee Report, Scope of Practice Determinations for Health Care Professions (December 2009)*

<sup>1</sup> Consultant costs are estimated to be \$200 per hour. Anticipating an average of 40 hours of work per SOP reviewed, the total cost to DPH would be \$56,000 to \$88,000 annually.

**OLR Bill Analysis****sHB 6549****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF  
PRACTICE DETERMINATIONS FOR HEALTH CARE  
PROFESSIONS.****SUMMARY:**

This bill establishes a formal process for the submission and review of requests from health care professions seeking to revise their existing scope of practice or to establish a new scope of practice prior to consideration by the General Assembly. Under the bill, scope of practice review committees review and evaluate scope of practice requests and provide written assessments to the Public Health Committee, including any legislative recommendations. The Department of Public Health (DPH) is responsible for receiving scope of practice requests and for establishing and providing support to the review committees.

EFFECTIVE DATE: July 1, 2011

**SCOPE OF PRACTICE REQUEST*****Written Request to DPH***

The bill requires any person or entity, acting on behalf of a health care profession, seeking legislative action in the following year's legislative session that would result in a (1) statutory change to the profession's scope of practice or (2) new law establishing a scope of practice, to provide DPH with a written request. This must be done by August 15 of the year preceding the start of the next regular legislative session.

***Criteria***

The request submitted to DPH must include:



1. a plain language description of the request;
2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not;
3. the impact on public access to health care;
4. a summary of state or federal laws governing the profession;
5. the state's current regulatory oversight of the profession;
6. all current education and training requirements applicable to the profession;
7. all scope of practice changes requested or enacted concerning the profession in the five years preceding the request;
8. the number and types of substantiated disciplinary actions brought against the profession in the five years before the request;
9. the anticipated economic impact on the public and the health professions affected by the request;
10. regional and national trends concerning licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states; and
11. identification of any health care professions that might oppose the request, the possible nature of the opposition, and efforts the requestor made to get support for the request from other health care professions, including areas of agreement between any affected health professions.

***Notification to the Public Health Committee***

By September 15 of the year preceding the next session, DPH must (1) give written notice to the Public Health Committee of any health care profession that has submitted a scope of practice request to the

department and (2) post the request on the DPH website, including the name and address of the requestor.

***Statement of Opposition***

Any person or entity acting on behalf of a health care profession opposing a submitted scope of practice request may submit a written statement to DPH by October 1 of the year preceding the next session. Opponents must indicate their reasons, taking into consideration the criteria listed above, and provide the requestor with a copy of their statement of opposition. By October 15, the requestor must submit a written response to DPH and any person or entity that submitted a written statement of opposition. The response must describe areas of agreement and disagreement between the respective health professions.

***Prohibition On Seeking Legislative Action; Exceptions***

A health care profession that fails to comply with these provisions when making a scope of practice request is prohibited, under the bill, from seeking legislative action on that request until it is in full compliance. But the Public Health Committee chairpersons may consider and act on a scope of practice request, without using this process, if they determine that (1) exigent circumstances require an immediate legislative response to the request, (2) there is no dispute among health professions on the request, or (3) any outstanding issues can be resolved through the legislative process.

**SCOPE OF PRACTICE COMMITTEES*****Membership***

By November 1 of the year preceding the next session, the DPH commissioner must establish and appoint members to a scope of practice review committee for each timely scope of practice request the department receives. The committees consist of :

1. one member representing the health care profession making the scope of practice request (if a statutorily established state professional board or commission exists for the requesting

profession, then the member must come from that board or commission; if there is no board or commission; the commissioner may consult with any professional association representing the profession making the request);

2. up to three members representing professions that submitted a statement in opposition to the request, appointed by the commissioner, who must select the members from a state board or commission for those professions, if one exists; if no board or commission exists, the commissioner may consult with a professional association representing a profession opposing the request; and no profession opposing the request can have more than one person appointed to the committee;
3. two state-licensed health care professionals who have no personal or professional interest in the request;
4. a member of the general public with no personal or professional interest in the request; and
5. the DPH commissioner or his designee who serves in an ex-officio, non-voting capacity.

Before appointing any impartial professionals and public members, the DPH commissioner must consult with the request's proponent and opponents. The committee must select a chairperson from among the impartial members. Any impartial person can only serve on one committee during any three-year period. Any physician appointed to a committee must be state-licensed and in active practice. Members receive no compensation.

### ***Duties***

The committee must review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant. After concluding its review and evaluation, the committee must provide a written assessment of the scope of practice request and, if applicable, suggested legislative

recommendations to the Public Health Committee by the following February 1. The scope of practice committee can seek comment from DPH and other entities it determines necessary in order to complete its written assessment and recommendations. The committee terminates on the date it submits its work to the Public Health Committee.

***Evaluation***

By September 1, 2014, the bill requires the DPH commissioner to evaluate the scope of practice request process and report to the Public Health Committee on its effectiveness in addressing scope of practice requests.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea    24    Nay   4    (03/30/2011)